

Attorney or Party Name, Address, Phone & Fax Nos., State Bar No. & Email NEXUS BANKRUPTCY BENJAMIN HESTON (297798) 3090 Bristol Street #400 Costa Mesa, CA 92626 Tel: 949.312.1377 Fax: 949.288.2054 ben@nexusbk.com	Document Page 1 of 9 DEBTORE ONLY
United States Bankruptcy Court Central District of California - Los Angeles Division	
In re: Moises Ivan Aguilera	CASE NO.: CHAPTER: 7
DECLARATION BY DEBTOR(S) AS TO WHETHER INCOME WAS RECEIVED FROM AN EMPLOYER WITHIN 60 DAYS OF THE PETITION DATE [11 U.S.C. § 521(a)(1)(B)(iv)]	
Debtor(s).	[No hearing required]

Debtor(s) provides the following declaration(s) as to whether income was received from an employer within 60 days of the Debtor(s) filing this bankruptcy case (Petition Date), as required by 11 U.S.C. § 521(a)(1)(B)(iv):

Declaration of Debtor 1

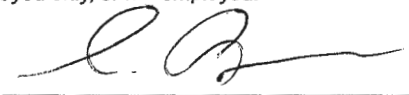
1. ☒ I am Debtor 1 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☒ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: 02/28/2024

Moises Ivan Aguilera
 Printed name of Debtor 1


 Signature of Debtor 1

Declaration of Debtor 2 (Joint Debtor) (if applicable)

2. ☐ I am Debtor 2 in this case, and I declare under penalty of perjury that the following information is true and correct:

During the 60-day period before the Petition Date (Check only ONE box below):

- ☐ **I was paid by an employer.** Attached are copies of all statements of earnings, pay stubs, or other proof of employment income I received from my employer during this 60-day period. *(If the Debtor's social security number or bank account is on a pay stub or other proof of income, the Debtor must cross out (redact) the number(s) before filing this declaration.)*
- ☐ **I was not paid by an employer** because I was either self-employed only, or not employed.

Date: _____

Printed name of Debtor 2

Signature of Debtor 2



Person Number	Payroll Relationship Number	Payroll
10672911	10672911	KP BiWeekly Sunday1
Employee Name	Assignment Number	Employer Name
Moises Ivan Aguilera	E10672911	Southern California Permanente Medical Group
Employee Address	Job Title	Employer Address
780 N Craig Ave Pasadena, CA 91104	Mgr Amb Care Dept RN	393 E Walnut Pasadena, CA 91188 Ph: 877-457-4772

Business Unit	Department	Location
SCAL	5469 - Regional Offices - Pasadena - Rgnl Mg Admn-Oper Devel	CA990-1
Workweek	Base Rate	
Monday 00:01	3,477.71 Weekly	View My Time Off Balances
FLSA Week		
Salaried Exempt Employee		

Period Type	Period Start Date	Period End Date	Payment Date
Biweekly	12-24-2023	01-06-2024	01-12-2024

Summary			
Description		Current	Year to Date
Gross Earnings		7,542.95	7,542.95
Employee Tax Deductions		2,244.82	2,244.82
Pretax Deductions		474.41	474.41
Voluntary Deductions		276.67	276.67
Net Payment		4,019.05	4,019.05

Earnings Summary			
Description		Current	Year to Date
VAC PTO		5,564.34	5,564.34
Holiday		1,391.08	1,391.08
Benefit Flex Credit		59.53	59.53
Total Earnings		7,014.95	7,014.95

Current Period Details						
Description	Start Date	End Date	Quantity	Type	Rate	Amount
VAC PTO			64.000	Hours	86.9428	5,564.34
Holiday			16.000	Hours	86.9428	1,391.08

Imputed Income			
Description		Current	Year to Date
DP Med		428.25	428.25
Life Impt Inc		68.40	68.40
DP Dental		22.64	22.64
DP Med Supp		4.62	4.62
DP Alt Mt Hlth		4.09	4.09
Total Imputed Income		528.00	528.00

Pretax Deductions			
Description		Current	Year to Date
Schwab 401k Pre Tax		417.33	417.33
Med Pre		25.00	25.00

Pretax Deductions		
Description	Current	Year to Date
Supp Life Pre	19.20	19.20
Den Pre	10.78	10.78
Add Pre	2.10	2.10
Total Pretax Deductions	474.41	474.41

Tax Deductions		
Description	Current	Year to Date
FIT Withheld	1,066.71	1,066.71
SIT Withheld (CA)	523.85	523.85
Social Security Employee Withheld	464.12	464.12
Medicare Employee Withheld	108.55	108.55
SDI Employee Withheld (CA)	81.59	81.59
Total Tax Deductions	2,244.82	2,244.82

Other Deductions		
Description	Current	Year to Date
Schwab 401k After tax	139.11	139.11
Schwab 401k Loan	56.39	56.39
LTD	42.87	42.87
Schwab PlanB Loan	37.60	37.60
Dep AD&D	0.70	0.70
Total Other Deductions	276.67	276.67

Absence Accruals			
Description	Unit of Measure	Current	Balance

Employer Paid Benefits		
Description	Current	Year to Date
Med ER	792.56	792.56
Schwab Plan B ER Contribution	347.77	347.77
Dental ER	47.06	47.06
Life Ins ER	17.92	17.92
Med Supp ER	9.23	9.23
Alt Men Hlth ER	8.17	8.17
Total Employer Paid Benefits	1,222.71	1,222.71

Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
14039024056			XXXXXXXXX2972	USD	4,019.05

Tax Withholding Information				
Type	Marital Status	Exempt	Total Dependent Amount	Extra Withholding
FEDERAL_2020	Single or Married filing separately	N	0.00	0.00

Tax Withholding Information							
Type	Marital Status	Exempt	Addl	Sec ALW	BIN	Exemptions	Additional Amount
CA	Single or married with two or more incomes	N				6	0.00



Person Number	Payroll Relationship Number	Payroll
10672911	10672911	KP BiWeekly Sunday1
Employee Name	Assignment Number	Employer Name
Moises Ivan Aguilera	E10672911	Southern California Permanente Medical Group
Employee Address	Job Title	Employer Address
780 N Craig Ave Pasadena, CA 91104	Mgr Amb Care Dept RN	393 E Walnut Pasadena, CA 91188 Ph: 877-457-4772

Business Unit	Department	Location
SCAL	5469 - Regional Offices - Pasadena - Rgnl Mg Admn-Oper Devel	CA990-1
Workweek	Base Rate	
Monday 00:01	3,477.71 Weekly	View My Time Off Balances
FLSA Week		
Salaried Exempt Employee		

Period Type	Period Start Date	Period End Date	Payment Date
Biweekly	01-07-2024	01-20-2024	01-26-2024

Summary			
Description		Current	Year to Date
Gross Earnings		7,542.95	15,085.90
Employee Tax Deductions		2,244.82	4,489.64
Pretax Deductions		474.41	948.82
Voluntary Deductions		276.67	553.34
Net Payment		4,019.05	8,038.10

Earnings Summary			
Description		Current	Year to Date
Regular		6,259.88	6,259.88
Holiday		695.54	2,086.62
Benefit Flex Credit		59.53	119.06
VAC PTO			5,564.34
Total Earnings		7,014.95	14,029.90

Current Period Details						
Description	Start Date	End Date	Quantity	Type	Rate	Amount
Regular			72.000	Hours	86.9428	6,259.88
Holiday			8.000	Hours	86.9428	695.54

Imputed Income			
Description		Current	Year to Date
DP Med		428.25	856.50
Life Impt Inc		68.40	136.80
DP Dental		22.64	45.28
DP Med Supp		4.62	9.24
DP Alt Mt Hlth		4.09	8.18
Total Imputed Income		528.00	1,056.00

Pretax Deductions			
Description		Current	Year to Date
Schwab 401k Pre Tax		417.33	834.66

Pretax Deductions		
Description	Current	Year to Date
Med Pre	25.00	50.00
Supp Life Pre	19.20	38.40
Den Pre	10.78	21.56
Add Pre	2.10	4.20
Total Pretax Deductions	474.41	948.82

Tax Deductions		
Description	Current	Year to Date
FIT Withheld	1,066.71	2,133.42
SIT Withheld (CA)	523.85	1,047.70
Social Security Employee Withheld	464.13	928.25
Medicare Employee Withheld	108.54	217.09
SDI Employee Withheld (CA)	81.59	163.18
Total Tax Deductions	2,244.82	4,489.64

Other Deductions		
Description	Current	Year to Date
Schwab 401k After tax	139.11	278.22
Schwab 401k Loan	56.39	112.78
LTD	42.87	85.74
Schwab PlanB Loan	37.60	75.20
Dep AD&D	0.70	1.40
Total Other Deductions	276.67	553.34

Absence Accruals			
Description	Unit of Measure	Current	Balance

Employer Paid Benefits		
Description	Current	Year to Date
Med ER	792.56	1,585.12
Schwab Plan B ER Contribution	347.77	695.54
Dental ER	47.06	94.12
Life Ins ER	17.92	35.84
Med Supp ER	9.23	18.46
Alt Men Hlth ER	8.17	16.34
Total Employer Paid Benefits	1,222.71	2,445.42

Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
14221774147			XXXXXXXXX2972	USD	4,019.05

Tax Withholding Information				
Type	Marital Status	Exempt	Total Dependent Amount	Extra Withholding
FEDERAL_2020	Single or Married filing separately	N	0.00	0.00

Tax Withholding Information							
Type	Marital Status	Exempt	Addl	Sec ALW	BIN	Exemptions	Additional Amount
CA	Single or married with two or more incomes	N				6	0.00



Person Number	Payroll Relationship Number	Payroll
10672911	10672911	KP BiWeekly Sunday1
Employee Name	Assignment Number	Employer Name
Moises Ivan Aguilera	E10672911	Southern California Permanente Medical Group
Employee Address	Job Title	Employer Address
780 N Craig Ave Pasadena, CA 91104	Mgr Amb Care Dept RN	393 E Walnut Pasadena, CA 91188 Ph: 877-457-4772

Business Unit	Department	Location
SCAL	5469 - Regional Offices - Pasadena - Rgnl Mg Admn-Oper Devel	CA990-1
Workweek	Base Rate	
Monday 00:01	3,477.71 Weekly	View My Time Off Balances
FLSA Week		
Salaried Exempt Employee		

Period Type	Period Start Date	Period End Date	Payment Date
Biweekly	01-21-2024	02-03-2024	02-09-2024

Summary			
Description		Current	Year to Date
Gross Earnings		7,542.95	22,628.85
Employee Tax Deductions		2,244.83	6,734.47
Pretax Deductions		474.41	1,423.23
Voluntary Deductions		276.67	830.01
Net Payment		4,019.04	12,057.14

Earnings Summary			
Description		Current	Year to Date
Regular		6,259.88	12,519.76
VAC PTO		695.54	6,259.88
Benefit Flex Credit		59.53	178.59
Holiday			2,086.62
Total Earnings		7,014.95	21,044.85

Current Period Details						
Description	Start Date	End Date	Quantity	Type	Rate	Amount
Regular			72.000	Hours	86.9428	6,259.88
VAC PTO			8.000	Hours	86.9428	695.54

Imputed Income			
Description		Current	Year to Date
DP Med		428.25	1,284.75
Life Impt Inc		68.40	205.20
DP Dental		22.64	67.92
DP Med Supp		4.62	13.86
DP Alt Mt Hlth		4.09	12.27
Total Imputed Income		528.00	1,584.00

Pretax Deductions			
Description		Current	Year to Date
Schwab 401k Pre Tax		417.33	1,251.99

Pretax Deductions		
Description	Current	Year to Date
Med Pre	25.00	75.00
Supp Life Pre	19.20	57.60
Den Pre	10.78	32.34
Add Pre	2.10	6.30
Total Pretax Deductions	474.41	1,423.23

Tax Deductions		
Description	Current	Year to Date
FIT Withheld	1,066.71	3,200.13
SIT Withheld (CA)	523.85	1,571.55
Social Security Employee Withheld	464.12	1,392.37
Medicare Employee Withheld	108.55	325.64
SDI Employee Withheld (CA)	81.60	244.78
Total Tax Deductions	2,244.83	6,734.47

Other Deductions		
Description	Current	Year to Date
Schwab 401k After tax	139.11	417.33
Schwab 401k Loan	56.39	169.17
LTD	42.87	128.61
Schwab PlanB Loan	37.60	112.80
Dep AD&D	0.70	2.10
Total Other Deductions	276.67	830.01

Absence Accruals			
Description	Unit of Measure	Current	Balance

Employer Paid Benefits		
Description	Current	Year to Date
Med ER	792.56	2,377.68
Schwab Plan B ER Contribution	347.77	1,043.31
Dental ER	47.06	141.18
Life Ins ER	17.92	53.76
Med Supp ER	9.23	27.69
Alt Men Hlth ER	8.17	24.51
Total Employer Paid Benefits	1,222.71	3,668.13

Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
14374970739			XXXXXXXXX2972	USD	4,019.04

Tax Withholding Information				
Type	Marital Status	Exempt	Total Dependent Amount	Extra Withholding
FEDERAL_2020	Single or Married filing separately	N	0.00	0.00

Tax Withholding Information							
Type	Marital Status	Exempt	Addl	Sec ALW	BIN	Exemptions	Additional Amount
CA	Single or married with two or more incomes	N				6	0.00



Person Number	Payroll Relationship Number	Payroll
10672911	10672911	KP BiWeekly Sunday1
Employee Name	Assignment Number	Employer Name
Moises Ivan Aguilera	E10672911	Southern California Permanente Medical Group
Employee Address	Job Title	Employer Address
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Business Unit	Department	Location
SCAL	5469 - Regional Offices - Pasadena - Rgnl Mg Admn-Oper Devel	CA990-1
Workweek	Base Rate	
Monday 00:01	3,477.71 Weekly	View My Time Off Balances
FLSA Week	Salaried Exempt Employee	

Period Type	Period Start Date	Period End Date	Payment Date
Biweekly	02-04-2024	02-17-2024	02-23-2024

Summary		
Description	Current	Year to Date
Gross Earnings	7,542.95	30,171.80
Employee Tax Deductions	2,244.82	8,979.29
Pretax Deductions	474.41	1,897.64
Voluntary Deductions	276.67	1,106.68
Net Payment	4,019.05	16,076.19

Earnings Summary		
Description	Current	Year to Date
Regular	6,955.42	19,475.18
Benefit Flex Credit	59.53	238.12
VAC PTO		6,259.88
Holiday		2,086.62
Total Earnings	7,014.95	28,059.80

Current Period Details						
Description	Start Date	End Date	Quantity	Type	Rate	Amount
Regular			80.000	Hours	86.9428	6,955.42

Imputed Income		
Description	Current	Year to Date
DP Med	428.25	1,713.00
Life Impt Inc	68.40	273.60
DP Dental	22.64	90.56
DP Med Supp	4.62	18.48
DP Alt Mt Hlth	4.09	16.36
Total Imputed Income	528.00	2,112.00

Pretax Deductions		
Description	Current	Year to Date
Schwab 401k Pre Tax	417.33	1,669.32
Med Pre	25.00	100.00

Pretax Deductions		
Description	Current	Year to Date
Supp Life Pre	19.20	76.80
Den Pre	10.78	43.12
Add Pre	2.10	8.40
Total Pretax Deductions	474.41	1,897.64

Tax Deductions		
Description	Current	Year to Date
FIT Withheld	1,066.71	4,266.84
SIT Withheld (CA)	523.85	2,095.40
Social Security Employee Withheld	464.13	1,856.50
Medicare Employee Withheld	108.54	434.18
SDI Employee Withheld (CA)	81.59	326.37
Total Tax Deductions	2,244.82	8,979.29

Other Deductions		
Description	Current	Year to Date
Schwab 401k After tax	139.11	556.44
Schwab 401k Loan	56.39	225.56
LTD	42.87	171.48
Schwab PlanB Loan	37.60	150.40
Dep AD&D	0.70	2.80
Total Other Deductions	276.67	1,106.68

Absence Accruals			
Description	Unit of Measure	Current	Balance

Employer Paid Benefits		
Description	Current	Year to Date
Med ER	792.56	3,170.24
Schwab Plan B ER Contribution	347.77	1,391.08
Dental ER	47.06	188.24
Life Ins ER	17.92	71.68
Med Supp ER	9.23	36.92
Alt Men Hlth ER	8.17	32.68
Total Employer Paid Benefits	1,222.71	4,890.84

Net Pay Distribution					
Check/Deposit Number	Bank Name	Branch Name	Account Number	Currency	Payment Amount
14534833183			XXXXXXXXX2972	USD	4,019.05

Tax Withholding Information				
Type	Marital Status	Exempt	Total Dependent Amount	Extra Withholding
FEDERAL_2020	Single or Married filing separately	N	0.00	0.00

Tax Withholding Information							
Type	Marital Status	Exempt	Addl	Sec ALW	BIN	Exemptions	Additional Amount
CA	Single or married with two or more incomes	N				6	0.00